



## Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact [support@jstor.org](mailto:support@jstor.org).

The train, jolting, stopped, obeying the hand of the engineer.  
Under the car, I heard the air-breaks hissing.  
I walked to the great chasm at the end of the track.

I was glad I was saved with the rest.  
Then I remembered him with the grim, waiting death on his face,  
For me, pouring brass in the poisoned air of the foundry.

—John Palmer Garit.

Does not such a realization rouse one to do her part in compensation? If any one can have, a nurse should have, social sympathy and idealism: sympathy, because she is given to see most clearly the price that is paid; idealism, because she cannot fail to see how preventable much of the sickness of the present time really is. Looked at from the point of view of present conditions, hospitals are an inestimable blessing, but viewed ideally, they are just as truly monuments to social mismanagement. Sympathy and idealism give the nurse two leverages upon her work. Whether she goes into public welfare work or stays in institutional work for the purpose of directing the streams of influence, or later in private life becomes a center of inspiration, is a matter of choice. She has a most important part to play in the molding of public opinion on all questions pertaining to social welfare. The greatness of the present opportunity should stimulate her to join the forces of her profession, that the great army of nurses may not be far from the front in the long march to a real, humane civilization.

## YOUR STATE BOARDS

By CHARLES A. BAHN, M.D.

*Visiting Staff Charity Hospital and Touro Infirmary. Clinical Assistant, Tulane University. Secretary of the Louisiana Nurses' Board of Examiners*

The profession of nursing has not assumed the standing and importance it deserves. Nursing legislation has not kept abreast with the legislative progress of allied professions. Why? There are three reasons. First, because registered nurses are not sufficiently interested to secure greater efficiency of state and national societies. Second, because the state and national societies are not sufficiently organized, active and powerful, to secure proper standing and legislative progress. Third, because the thirty-five nurses' examining boards are not sufficiently powerful, unified and progressive to uphold and increase uniform nursing standards as they should be increased. More interest, greater coöperation, and better management are needed.

This article is not written to criticise existing conditions but to improve them. It is not written to belittle the work of the pioneers who laid the foundations of nursing standards and legislation, but to aid in creating a lasting monument in honor of their almost heroic achievements. Their names should be cast in deathless bronze and placed in every training school, as an example to present and future nurses.

To you, the nurse in private practice, of what interest and importance are state boards and nursing legislation? Your standing, mental, social, and professional, is largely dependent on your interest in your state board and your national society. They are yours and you are the one to be benefited by them. They are your agents, employed by you to help you. You are a soldier in the cause of organized or registered nursing, and you are loyal or disloyal to the cause that provides your daily bread.

Proper legislation and active boards of examiners have raised the standard and standing of every profession, then why not of nursing? I believe that, at present, we state board members are wasting a colossal amount of energy and securing mediocre results through unorganized and spasmodic activity. There are now thirty nursing boards of examiners, few of which, I feel safe in saying, know what the others have accomplished in the past year. The success of nursing legislation and nursing boards of examiners is principally a question of systematic organization, and the standing of both is proportionate to the power, organization, and efficient management of the individual state board. The time must come when unity of purpose and systematic management will dominate nursing legislation and the management of various boards of examiners. Why should not the time be hastened? We live in an age of organized efficiency. Suppose each month, the secretary of an examining board write an article for *THE AMERICAN JOURNAL OF NURSING*, to which I am indebted for the suggestion which prompted this article, giving the plans, progress and accomplishments of that board, as well as suggestions and recommendations of national scope. The time is opportune for the organization of a federation of nurses' examining boards to meet once yearly for the exchange of views and plans, as well as to pave the way for greater uniformity of nursing legislation and state board work. Such an organization has aided materially in the recent revolution of medical education. Why should not nursing be benefited by a similar organization?

There is a crying need for a strong national nursing educational body. I hope that at the next meeting of the American Nurses' Association such a council on nursing education, with all possible power, will be created. The duties of this council would be, in part, as follows:

1. To formulate ideal nursing laws. By this means the individual boards and state societies would have a guide for their future legislative efforts.

2. To formulate proper preliminary educational requirements and actual training-school requirements of national scope, preparatory to the grading of every training school of every state, from a central source.

3. To formulate suitable literature for wide circulation in states which have no nursing laws. In our experience there is no better way of influencing nursing legislation than by terse well-written pamphlets, widely circulated to the medical profession, nursing profession, and the legislative bodies. Legislation demands education.

4. To formulate suitable and uniform nurses' application blanks, certificates of registration, form letters for educational campaigns to the medical and nursing professions, to training schools, and educational institutions.

5. To devise uniform records, ledgers and other stationery for state boards.

6. To make an organized effort to institute suitable legislation in states which have no nursing legislation.

7. To make an organized effort to increase the membership and scope of individual state societies.

8. To assist, especially, the newly-organized state boards, in systemization of board work, as well as the building up of a proper organization.

9. To assist, in an organized way, to strengthen the nursing laws in states which have inferior nursing laws.

At present, every nurses' state board is left unaided and unassisted to work out its own salvation. Our board has wasted time, energy, and money in the school of experience and doubtless other boards have done likewise. Is it not possible, at this time, to put an end to useless waste by joining hands and giving more coöperation and publicity to nursing board plans, progress and recommendations? The best results can be accomplished through a central organization. I believe that such a council of nursing education should be made self-sustaining, by the sale of preliminary educational blanks, student nurses' certificates, nurses' application blanks, nurses' certificates, stationery for state board, including record cards, ledgers, etc., office equipment for state boards, including filing cabinets, desks, etc., pamphlets, literature in the cause of nursing legislation, and form letters, for educational campaigns, either by state boards or nursing societies. The printing bill for our board in the past year has been over three hundred dollars, doubtless the expenses of other state boards has been as much. We would be only too glad to aid the cause with our printing business.

Among the features of registered nursing that soon must become more systematized is reciprocity which, at present, is in a more or less chaotic condition. It is only fair that nurses who have qualified in one state should be permitted to register in another of like qualifications, without examination. A nurse may be called from one state to another, without time for preparation, or even for examination. This means either a temporary certificate or illegal practice in the second state. Our board has adopted the issuance of temporary certificates, good until the following examination. There is no single thing that would promote reciprocity better than a federation of nurses' examining boards; directly, by bringing the various boards in closer contact, and indirectly, by influencing reasonable and uniform legislation in the various states. Our board has written every state board in the country on this subject. From some we received definite and business-like replies, from others indefinite answers and from others we have heard nothing at all. This is not right. Every board should know whether or not it is in a position to entertain reciprocity agreements and on what terms. It should answer correspondence with reasonable promptness.

What are the duties of a nurses' examining board?

1. To teach the medical and nursing professions and public that a registered nurse means a competent nurse and that registration is the state's guarantee of efficiency. The demand must be created for registered nurses and met by registered nurses. Our work in this connection has consisted of short, terse letters to every physician in the state, sent at regular intervals, lectures to medical societies and nursing societies; free directories of registered nurses, for wide circulation; circular letters, at regular intervals, to every registered nurse in the state, concerning the plans and progress of their board; letters to educational institutions, to interest young women in the cause of registered nursing. Our certificate stands for efficiency.

2. The regulation of training schools.

- a. Uniform preliminary requirements. We have instituted the student nurses' application blank and student nurses' certificate. The application blank, which we print gratis and send to training schools, consists of two sections. Section one is executed by the applicant and contains the names of subjects studied in high school, with blank spaces for the number of years during which they were studied, text-books used in each, etc. Section two is executed by the principal of the school last attended, and is simply a verification of the statement made in section one. This blank is sent to us during the applicant's probation, and on the approval of the same by our board, the student nurse's certificate is sent to the superintendent of the applicant's training school. This

certificate constitutes full proof that the applicant has complied with the preliminary requirements of this board. If deficiencies exist, the applicant is so informed that they may be rectified by the time of graduation. We simply assume the responsibility of the applicant's preliminary education during probation. No applicant, having entered a training school in Louisiana after September 1, 1913, can become a registered nurse in this state until this preliminary blank is approved by our board. Is it fair that a student nurse spend two or three years in a training school without a positive and authorized statement that she will or will not be able to register after graduation? This preliminary blank is the only solution to that problem. The best training schools realize that the use of this preliminary blank relieves them of responsibilities and raises their standing as a training school. Our board is directly responsible for the student nurse's preliminary education. Why not, then, assume the responsibility during the student's probation, when deficiencies may be rectified before graduation?

b. The grading of training schools. This is the most difficult problem that has confronted the Louisiana Nurses' Board of Examiners. Training schools differ so much in attendance and facilities that a mean average and a fair standard are difficult to ascertain. Our plan has been to form what appears to us to be a reasonable standard and present the same to all the training schools in the state, for criticism and recommendations. These criticisms are carefully compared with the original and with the standards of several other states, in order to determine a fair and reasonable one for Louisiana. It is our endeavor to be reasonable, practical and just, and to be uniformly so. It is not our purpose to penalize training schools nor to decrease their attendance. In order to arrive at a fair standard we want and need the coöperation and assistance of every training school in the state. The best training schools realize that coöperation is to their advantage. Uniformity of requirements place all training schools on an even footing. This board proposes to publish at the earliest possible date, a catalogue and description of every accredited training school in this state. A prospective nurse has the right to know, under authority of the state, what schools afford the best training for the three years involved. Only graduates of accredited training schools can become registered nurses. We are acting in this matter entirely on the advice of our legal counsel, and are prepared to meet any legal complication that may arise.

Apropos of training schools, there is no more valuable asset to a nurses' examining board than an active legal counsel. A legal mistake may undo years of work and cause no end of trouble. All educational campaigns, circular letters, and training school requirements are first submitted

to our legal counsel, before going into operation. All prosecutions are under his direction.

3. Actual examination of candidates. The place to examine nurses is in the training school. Unfortunately, under present conditions, it is impossible to place a reasonable standard of efficiency on training-school diplomas, hence the necessity of a supplementary state board examination. The Louisiana examination consists of ten branches of ten questions each, anatomy, physiology, medical nursing, surgical nursing, obstetrics, dietetics, bacteriology and hygiene, gynecology, chemistry and care of children. An average of 75 per cent is required. The questions are formulated by the examiner of the branch and submitted to the board for approval, to prevent a possible duplication of questions. The Louisiana Board realizes the benefits of practical oral examinations and hopes to put them into execution soon.

The Louisiana Board of Examiners has been in existence eighteen months. The work it has done may be reviewed briefly as follows:

1. It has registered practically seven hundred nurses, adhering in every detail to the requirements prescribed by law.

2. It has on deposit nearly six thousand dollars.

3. It has a complete modern office, with full equipment such as filing cabinet, library, safe, typewriter, desks, and accurate and permanent records.

4. It has written over seven thousand letters to the medical and nursing professions in the cause of registered nursing.

5. It has published a complete directory of registered nurses (3000 copies), for wide distribution to the medical and nursing professions.

6. It has formulated suitable preliminary educational and training-school requirements, and is making an organized effort to uphold them.

7. It is inspecting training schools and standardizing text-books.

8. It has a nursing library open to all registered nurses.

9. It is making due effort to secure suitable reciprocity agreements.

10. It is conducting an organized campaign in behalf of registered nursing, directed to the medical and nursing professions and educational institutions of the state.

11. It is making every effort to benefit the cause of registered nursing and registered nurses, both in and out of the state.

To conclude, if the ideas herein expressed meet your approval, criticise, that they may be improved. If the ideas do not meet your approval, criticise anyway. Criticism means interest. Interest means action. Action is needed. Registered nursing does not occupy the position it deserves because each one has not taken sufficient interest in its progress. Your interest, your recommendations, and your criti-

cism are vitally essential to this cause. Other professions are making more progress in organization and legislation than nursing. Is your profession of so little importance to you that you can neglect its mental, social and professional standing? Think it over.

## THE FLY AS A CAUSE OF DISEASE, FROM A NURSE'S STANDPOINT<sup>1</sup>

By VERNA HINOTE, R.N.

*Graduate of the Centerville Training School for Nurses, Centerville, Iowa; and of the Post-Graduate Course of the Illinois Training School, Chicago*

Many articles have been written on the fly from various standpoints but never have I read one from a nurse's standpoint.

Just because the fly was sent upon the earth as a punishment (if it were), for the purposes of annoying our ancestors, there is no reason why we should let him treat us likewise. We are well aware that the fly carries disease germs, so every precaution should be used to prevent it from multiplying. When a nurse is called on a case, especially one that is infectious or contagious, extreme care should be taken to keep out the fly, not only for the benefit of the patient, but for the family, the nurse and the surrounding neighborhood. A screen should be placed on the patient's door, if possible, if not, on the dining-room door. It seems almost impossible to keep flies away when they are so numerous, and especially in rural homes, where there are so many cattle, and the cows are brought near the house at milking time and the horses at feeding time. A fly may settle on a patient, then hie away to the dining-room or kitchen or, perhaps, out to the road where the children are playing on their way home from school, eating a belated luncheon.

Children, and adults for that matter, will pick up an apple in the orchard, that has a decayed spot on it, eating it in preference to others because it is mellow, not thinking that many flies, possibly with the germs of some deadly disease upon them, have eaten from the same apple. I have seen a baby nursing from a bottle with flies swarming about the neck of the bottle. After the baby had grown tired of nursing and let the nipple fall from its mouth, the flies would swarm upon it. The mother was there, to be sure, but she was looking the other way, talking with a neighbor.

The way flies annoy helpless little babies who cannot do a thing in defense, is terrible. I think that every bottle-fed infant should be

<sup>1</sup> Read at a meeting of the Des Moines Registered Nurses' Association, Des Moines, Iowa, October, 1913.